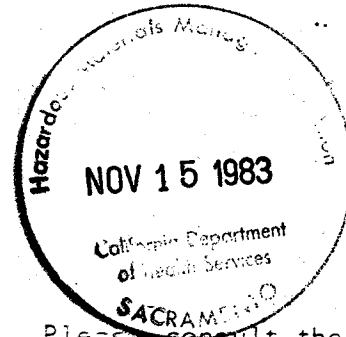


DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



DOUGLAS AIRCRAFT COMPANY
190TH and NORMANDIE ST.
TORRANCE, CA 90502



Essential information was omitted from your manifest. Please consult the list below and correct those errors or omissions indicated by a check mark. Within 1 week, send the corrected copy to the above address attn: Hazardous Waste Management Branch, Procedure & Regulation Development Section.

If you are unable to make the indicated correction, please submit a brief, written explanation, along with the manifest, to the Hazardous Waste Management Branch at the above address.

- | | |
|---|---|
| <p><input type="checkbox"/> Generator name, address, phone no.</p> <p><input type="checkbox"/> Generator EPA I.D. # _____.</p> <p><input type="checkbox"/> Transporter no. 1 not indicated.</p> <p><input type="checkbox"/> Veh/container no. _____.</p> <p><input type="checkbox"/> Transporter no. 1's EPA no. not indicated.</p> <p><input type="checkbox"/> Alternate TSD Facility not indicated.</p> <p><input type="checkbox"/> Transporter no. 2's veh/container no. _____.</p> <p><input type="checkbox"/> Transporter no. 2's Alternate TSD Facility's EPA I.D. no. not indicated.</p> <p><input type="checkbox"/> Treatment, storage or disposal (TSD) Facility's EPA I.D. no., name, address & phone no. _____.</p> <p><input type="checkbox"/> Proper U.S. DOT shipping name and hazard class _____.</p> <p><input checked="" type="checkbox"/> UN/NA no., total quantity, unit, no. of containers, type of containers, waste category no., disposal method <u>MISSING</u>.</p> | <p><input type="checkbox"/> Waste category unclear. Waste category should be _____.</p> <p><input type="checkbox"/> HWMB files do not indicate that you are an ongoing generator of this waste stream category. If you anticipate generating this waste stream in the future, please complete the attached questionnaire and return with your manifest.</p> <p><input type="checkbox"/> Container type not valid for indicated waste category.</p> <p><input type="checkbox"/> Components, concentration range and units not indicated.</p> <p><input type="checkbox"/> Special handling instructions not listed.</p> <p><input type="checkbox"/> Generator signature _____.</p> <p><input type="checkbox"/> Date of shipment _____.</p> <p><input type="checkbox"/> Transporter signature _____.</p> <p><input type="checkbox"/> Date received and accepted _____.</p> <p><input type="checkbox"/> TSDF operator or owner signature _____.</p> <p><input type="checkbox"/> TSDF EPA I.D. no. and date received and accepted _____.</p> <p><input type="checkbox"/> Incorrect page, photo copy or illegible copy. Please send only the original indicated, manifest page to the HWMB.</p> <p><input type="checkbox"/> Other: _____.</p> |
|---|---|

Please refer
to ~~the~~ Example
ON Back of
MANIFEST

David A. Bell